

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>001136</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/17/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAKE PARK RESIDENTIAL CARE INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2075 RIPLEY ST</b> <b>LAKE STATION, IN 46405</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00138574 and IN00139211.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the PSR to the PSR completed on October 3, 2013 to the Investigation of Complaint IN00115494 completed on March 26, 2013.</p> <p>This visit was in conjunction with the PSR to the PSR completed on October 3, 2013 to State Residential Licensure Survey completed on July 24, 2013.</p> <p>Complaint IN00138574-Substantiated no deficiencies related to the allegations are cited.</p> <p>Complaint IN00139211-Substantiated no deficiencies related to the allegations are cited.</p> <p>Survey date: December 17, 2013</p> <p>Facility number: 001136 Provider number: 001136 AIM number: N/A</p> <p>Surveyor: Heather Tuttle, RN, TC</p> <p>Census bed type: Residential: 122 Total: 122</p> <p>Census payor type: Medicaid: 113 Other: 9 Total: 122</p> <p>Sample: 10</p>	R 000		

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>001136</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/17/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAKE PARK RESIDENTIAL CARE INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2075 RIPLEY ST</b> <b>LAKE STATION, IN 46405</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R 000	Continued From page 1  Lake Park Residential was found to be compliance with 410 IAC 16.2 in regards to Complaints IN00138574 and IN00139211.  Quality review completed on December 19, 2013, by Janelyn Kulik, RN.	R 000			